

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/552426

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		18		
20		1		18		
21		1		18		
22		1		18		
23		1		18		
24		1		(1)		
25						
26		1				
27		1				
28		1				
29		1				
30		1				
31		30				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38		(1)				
39						
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42						
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	66		108			
TOTAL CLAIMS	67		109			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						